

# 2009 CalPERS Medicare Enrollment Guide

A practical guide to understanding how  
CalPERS and Medicare work together



## About This Publication

The **2009 CalPERS Medicare Enrollment Guide** provides information about how Medicare works with your CalPERS health benefits. See page 4 for general information about Medicare, including eligibility information and when you can enroll in Medicare. For an explanation of when you need to enroll in a CalPERS Medicare health plan, refer to page 9.

This publication is one of many CalPERS Open Enrollment resources that you can access to help choose and use your health plan. Others include:

- **2009 Your Health Plan, Your Doctors, and You: The Prescription for Quality Health Care** – Provides a variety of information that can help you make more informed health care choices
- **2009 Health Benefit Summary** – Compares benefits, covered services, and co-payment information for all CalPERS health plans
- **2009 Health Program Guide** – Describes Basic and Medicare health plan eligibility, enrollment, and choices

You can obtain these publications and other health benefit forms by visiting the “Forms and Publications Center” of CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by calling CalPERS at **888 CalPERS** (or 888-225-7377).

## Contents

<b>Welcome to the 2009 CalPERS Medicare Enrollment Guide . . . . .</b>	<b>2</b>
<b>CalPERS Medicare Health Plan Eligibility Guidelines. . . . .</b>	<b>3</b>
<b>Understanding Medicare Eligibility and Enrollment . . . . .</b>	<b>4</b>
Medicare Part A . . . . .	4
Medicare Part B . . . . .	5
Medicare Part C . . . . .	7
Medicare Part D . . . . .	8
<b>When To Enroll in a CalPERS Medicare Health Plan . . . . .</b>	<b>9</b>
Certifying Your Medicare Status . . . . .	9
<b>CalPERS Medicare Health Plan Choices . . . . .</b>	<b>13</b>
HMO Supplement to Medicare Plans . . . . .	13
HMO Medicare Managed Care Plan (Medicare Advantage) . . . . .	14
PPO Supplement to Medicare Plans . . . . .	15
EPO Supplement to Medicare Plan . . . . .	16
COBRA Continuation Coverage . . . . .	17
Health Plan Choices if You Continue Working After Retirement . . . . .	18
Health Plan Choices if You Live Outside of the United States . . . . .	19
Medicare or Your Group Health Plan: Who Pays First? . . . .	20
<b>How to Change Your CalPERS Medicare Health Plan . . . . .</b>	<b>22</b>
Senior Advantage Regional Guidelines . . . . .	23
<b>Frequently Asked Questions About Medicare and the CalPERS Health Program . . . . .</b>	<b>24</b>
<b>Resource Information . . . . .</b>	<b>26</b>
Getting Assistance with Your CalPERS Health Benefits . . . . .	26
Health Plan Directory. . . . .	28
Resolving Problems with Your Health Plan. . . . .	30
Patient Bill of Rights . . . . .	32
CalPERS Notice of Privacy Practices . . . . .	34
<b>Definition of Terms. . . . .</b>	<b>43</b>
<b>Forms . . . . .</b>	<b>48</b>

# Welcome to the 2009 CalPERS Medicare Enrollment Guide

When you become eligible for Medicare, the federal government's health insurance program, it will be vital for you to examine how your Medicare health insurance benefits work with your CalPERS group health plan benefits.

Medicare is health insurance for people who are age 65 or older, people under age 65 who have Social Security-qualified disabilities, and people of any age with End-Stage Renal Disease (ESRD), which is permanent kidney failure requiring dialysis or a kidney transplant. The Centers for Medicare & Medicaid Services (CMS) regulate the federal Medicare program.

At CalPERS, we understand that making decisions about your health care can be a complex and important process. We have designed this publication to help you understand how your Medicare benefits work with your CalPERS health benefits. This will enable you to make more educated choices about the CalPERS Medicare health plan that will best serve your lifestyle and meet your family's health care needs.

We recommend that you use the information in this booklet to guide your decision about the type of Medicare health plan you will choose. Depending on where you live or work, your options may include a:

- Health Maintenance Organization (HMO)
  - Preferred Provider Organization (PPO)
  - Exclusive Provider Organization (EPO)
- (for members in certain California counties)

Each type of plan works with Medicare to provide health coverage. Whether you are working or retired, your employer or former employer may make a monthly contribution toward your health premium. The amount of this contribution varies. The cost of your premium may depend on your employer or your former employer's contribution, the length of your employment, the health plan you choose, and whether you are enrolled in Medicare Parts A and B. Active employees should contact their employer, State retirees should contact CalPERS, and contracting public agency retirees should contact their former employer for the monthly contribution amounts.

# CalPERS Medicare Health Plan Eligibility Guidelines

If you are currently enrolled in a CalPERS Basic plan (either as a member or a dependent), you are eligible to enroll in a CalPERS Medicare health plan if you are:

- Age 65 or older at retirement and eligible for Medicare Parts A and B
- Under age 65 and eligible for Medicare Parts A and B due to a disability that has been approved by the Social Security Administration
- Over age 23, certified as a disabled dependent, and eligible for Medicare Parts A and B due to a disability that has been approved by the Social Security Administration
- Retired from a California State Teachers' Retirement System (CalSTRS) employer and eligible for the CalSTRS Medicare Premium Payment Program. (For more details, see page 12 of this booklet, visit [www.calstrs.com](http://www.calstrs.com), or call CalSTRS at (800) 228-5453 or TTY (916) 229-3541.)
- Qualified due to ESRD, are eligible for Medicare Parts A and B, and have completed the coordination of benefit period specified by the Social Security Administration

## Where to Get Help With Your Health Benefits Enrollment

Once you retire, CalPERS becomes your Health Benefits Officer. You should contact CalPERS directly to make all health benefit enrollment changes. You may call **888 CalPERS** (or **888-225-7377**) or write to CalPERS at P.O. Box 942714, Sacramento, CA 94229-2714 for assistance.

If you are actively working, you should contact your employer's personnel office to make all health benefit enrollment changes. Your employer has a designated Health Benefits Officer to assist you with these changes.





# Understanding Medicare Eligibility and Enrollment

Medicare is a federal health insurance program that covers individuals age 65 and older. Medicare may also cover individuals under age 65 with Social Security-qualified disabilities or individuals with ESRD.

Following is a description of each type of Medicare:

- Part A – Hospital Insurance
- Part B – Outpatient Medical Insurance
- Part C – Medicare Advantage Health Plans
- Part D – Prescription Drug Coverage



## Transferring to a CalPERS Medicare Health Plan

If you are currently enrolled in a CalPERS Basic plan (either as a member or a dependent), when you retire and become Medicare eligible, you must first enroll in Medicare Parts A and Part B and then transfer to a CalPERS Medicare health plan. (See page 13 for more information about CalPERS Medicare health plan options.)

### Important

If you are an active employee and you continue to work after you are eligible for Medicare Parts A and B, you must remain enrolled in a CalPERS Basic health plan for as long as you are working. The only exception is for active employees who are enrolled in Medicare Parts A and B due to ESRD.

## Medicare Part A

Part A is hospital insurance that helps pay for inpatient hospital stays, skilled nursing facilities, hospice care, and some home health care. Generally, Part A coverage does not have a monthly premium.

You are eligible for free Medicare Part A if you are age 65 and you worked for at least 10 years in Social Security and/or Medicare-covered employment. If you do not meet this eligibility requirement, you may still qualify for Part A through a current, former, or deceased spouse. To find out if you qualify through a spouse, contact the Social Security Administration and file for Medicare benefits using the Social Security number and work record of the spouse. You should do this when the spouse who worked in Social Security and/or Medicare-covered employment is age 62 or first eligible for Social Security retirement.

You may also be eligible for Medicare Part A if you are under age 65 and have ESRD or a Social Security-qualified disability. For additional information, contact the Social Security Administration.

If you are receiving Social Security benefits when you turn 65 and you qualify for Medicare Part A, your Medicare Part A benefits will begin automatically. If you are not receiving Social Security benefits, contact the Social Security Administration *three months before you turn age 65* to sign up for Part A. You can reach them at (800) 772-1213 or TTY (800) 325-0778, or via their Web site at [www.ssa.gov](http://www.ssa.gov).

If you are under age 65 and have qualifying disabilities, Medicare coverage will generally begin 24 months following eligibility.

## Medicare Part B

Part B is medical insurance that helps pay for outpatient health care expenses, including doctor visits. Part B coverage has a monthly premium, which is adjusted annually by the Centers for Medicare & Medicaid Services (CMS). The Social Security Administration bases your Part B premium on your annual income, which is referred to as the Income Related Monthly Adjustment Amount (IRMAA). Individuals earning higher incomes may pay higher Part B premiums. The Social Security Administration will notify you annually of your Part B premium. See page 21 for more information about IRMAA.

If you are eligible for Medicare Part A, you are also eligible for Medicare Part B. If you qualify for premium-free Part A — either in your own right or through a current, former, or deceased spouse — you must enroll in Part B at age 65 (or earlier if you qualify due to a disability) to continue your group coverage through CalPERS.

## Initial Enrollment Period

When you first become eligible for Medicare Part A, you have a seven-month period to sign up for Medicare Part B. If you are eligible at age 65, your initial enrollment period begins three

## Important Reminder

If you do not enroll in Medicare Part B when you first become eligible, your premium will be higher when you do enroll. The higher premium will continue for the entire time you are on Medicare.

After you enroll in Medicare Part A, you can enroll in Part B during one of the Social Security Administration's Medicare enrollment periods, which are described on pages 5–7.

## **Enrollment Requirement**

You must have Medicare Part B in order to enroll in a CalPERS Medicare health plan. Failure to enroll in Part B will result in cancellation of your CalPERS health coverage.

months before your birth month and continues through the three months after it.

If you are eligible for Medicare due to a qualifying disability or ESRD, your initial enrollment period depends on the date your disability or treatment began.

If you enroll in Medicare Part B during the first three months of your initial enrollment period, your Medicare coverage begins the month you are first eligible. If you enroll during or within three months after it, your Medicare coverage begins from one to three months after you enroll. Contact the Social Security Administration for additional information.

If you do not enroll in Medicare Part B during your initial enrollment period, your coverage will be delayed and you will pay a higher premium for coverage.

## **General Enrollment Period**

If you do not enroll in Medicare Part B during your initial enrollment period, you have another opportunity to enroll during the general enrollment period, which runs from January 1 through March 31 each year. Your coverage will begin the following July. The Social Security Administration assesses a premium surcharge if you do not enroll when first eligible. Your Part B monthly premium will increase 10 percent for each 12-month period that you were eligible for, but did not enroll in, Medicare Part B.

## **Special Enrollment Period**

The special enrollment period applies if you are age 65 or older and you have employer group health coverage (your own or your spouse's). In this situation, you may delay enrolling in Medicare Part B without waiting for a general enrollment period and paying the 10 percent premium surcharge for late enrollment.

Special enrollment allows you to enroll during either of the following timeframes:

- At any time while you have employer group health coverage (your own or your spouse's)
- During the eight-month period that begins with the month your employer group health coverage ends or the month



employment ends, whichever comes first. (If you do not enroll by the end of the eight-month period, you will have to wait until the next general enrollment period, which begins January 1<sup>st</sup> of the following year. You may be assessed a premium surcharge and your Medicare Part B monthly premium will increase 10 percent for each 12-month period you were eligible for, but did not enroll in, Medicare Part B.)

### **Part B Reimbursements for State Retirees**

If you are a State of California retiree and you or your family members are enrolled in a CalPERS Medicare health plan, California law requires CalPERS to reimburse you for a portion of your Medicare Part B premium. See page 21 for more information.

Special enrollment period rules do not apply if employment or employer group health coverage ends during your initial enrollment period.

If you receive Social Security disability benefits and do not have employer group health coverage (your own or your spouse's), you also have a special enrollment period and premium rights similar to those for workers age 65 or older.



## **Medicare Part C**

Part C is a Medicare Advantage Health Plan that is approved by the Centers for Medicare & Medicaid Services. Kaiser Permanente Senior Advantage is an example of a Medicare Advantage health plan.

If you are eligible for Part A and Part B, you are eligible for Part C; however, participation in Part C is optional.

To participate in Medicare Part C, you must first enroll in Parts A and B. After you receive your Medicare card, you must then enroll in the CalPERS Kaiser Permanente Senior Advantage Medicare plan. To enroll in this plan, you must elect to be enrolled in Senior Advantage by completing the Kaiser Permanente *Senior Advantage Election* form. (See page 14 for more information about this plan.)

### **Keep Your Notice of Creditable Coverage**

You should keep the *Notice of Creditable Coverage* that you receive periodically from CalPERS or your health plan. If you ever need to enroll in Medicare Part D, the notices will prove that you were enrolled in a prescription drug plan comparable to Part D and help you avoid the Part D late enrollment penalty.

## **Medicare Part D**

Part D is the voluntary federal outpatient prescription drug benefit that was added to the Medicare program in 2006.

If you are eligible for Part A and/or Part B, you are eligible for Part D; however, CalPERS Medicare health plans provide prescription drug coverage that is as good as – or better than – the standard benefits of Medicare Part D.

You cannot have prescription drug coverage under both Medicare and CalPERS. You should not enroll in Medicare Part D if you want to keep your CalPERS coverage after retirement.

In the fall of each year, either your health plan or CalPERS will send you a *Notice of Creditable Coverage*. This notice is evidence that you are enrolled in a prescription drug plan that is comparable to Medicare Part D. You should keep these notices as your proof of enrollment so that if you do need to enroll in Medicare Part D later, you do not have to pay the Part D late enrollment penalty for the time that you were enrolled in a CalPERS health plan. (See page 17 for more information about Medicare Part D.)

### **Medicare Part D Reminder**

Do not enroll in a non-CalPERS Medicare Part D plan. If you enroll in Medicare Part D, you will lose your CalPERS health coverage (does not apply to Senior Advantage members).

## **Asking Questions About Your Medicare Eligibility and Enrollment**

If your situation is unique or you have any questions about how or when to enroll in Medicare, contact the Social Security Administration at (800) 772-1213 or TTY (800) 325-0778, or visit their Web site at [www.ssa.gov](http://www.ssa.gov). The Centers for Medicare & Medicaid Services publishes an official government handbook titled, *Medicare & You*. This publication is available at [www.medicare.gov/Publications/Pubs/pdf/10050.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf).



# When to Enroll in a CalPERS Medicare Health Plan

Medicare Parts A and B provide coverage for many of your health care costs; however, Medicare does not pay all costs. CalPERS Medicare health plans coordinate with the Medicare program to help pay costs not covered by Medicare.

If you are enrolled in a CalPERS Basic plan (either as a member or a dependent), when you retire and later become eligible for premium-free Part A, you must transfer to a CalPERS Medicare health plan in order to continue your health coverage with CalPERS.

If you work past age 65 and have health coverage through an employer group health plan (your own or your spouse's), you have the option of enrolling in Medicare A and/or B, or deferring enrollment in Medicare until retirement. If you choose to enroll in Medicare A and/or B, you must remain enrolled in a CalPERS Basic health plan while you work and have health coverage available through your employer group health plan. You must use your employer group health plan as your primary coverage and your Medicare A and B benefits as your secondary coverage. If you choose to defer enrollment, see “Deferred Enrollment in Medicare Part B” on page 10 and “Health Plan Choices if You Continue Working After Retirement” on page 18.

## Certifying Your Medicare Status

CalPERS has a specific process to determine your eligibility for Medicare and enroll you in a CalPERS Medicare health plan.

As you approach age 65, you will receive the following notices at certain points in time. These notices will inform you of the steps you need to take and requirements you need to meet to continue your health coverage with CalPERS after age 65:

- Initial notice – Four months prior to your 65<sup>th</sup> birthday
- Reminder notice – One month prior to your 65<sup>th</sup> birthday
- Notice of cancellation of your Basic health plan – First day of the month after you turn 65

These notices also include a ***Certification of Medicare Status*** form (PERS08M0021). You can find a copy of this form on page 49.

## Retiree Drug Subsidy

For all CalPERS health plans except Kaiser Permanente Senior Advantage, CalPERS applies for a Retiree Drug Subsidy from the Medicare program for retired members enrolled in Medicare Part A and/or Part B. The Retiree Drug Subsidy helps CalPERS offset your prescription drug costs, reduce overall health care costs, and provide prescription drug coverage that is (for most members) as good as – or better than – Medicare Part D coverage.

## Remaining in a CalPERS Basic Plan

If you do not qualify for Medicare Part A based on your Social Security/Medicare work record or the record of your current, former, or deceased spouse, you may remain in a CalPERS Basic health plan.

CalPERS requires you to certify your Medicare status and provide proof of your Medicare enrollment in order to continue your CalPERS health coverage. You will need to complete the form on page 49 of this booklet and return it to CalPERS with the proper documentation certifying one of the following choices:

- Enrollment in Medicare Parts A and B
- Ineligible for Medicare
- Deferred enrollment in Medicare Part B (still working and insured through employment)

You must complete and return the Certification form indicating your enrollment in Medicare Parts A and B by the first day of the month you turned 65. You should also send a copy of your Medicare card as proof of Medicare enrollment. If we receive the **Certification of Medicare Status** form (PERS08M0021) prior to your 65<sup>th</sup> birth month, we will enroll you in a CalPERS Medicare health plan.

### Ineligible for Medicare

If you are ineligible for Medicare, you must indicate on the Certification form the reason for your ineligibility:

- Did not work in employment covered by Social Security-Medicare programs
- Do not have enough Social Security-Medicare work credits
- Do not qualify through a current, former, or deceased spouse

When you return the **Certification of Medicare Status** form (PERS08M0021), you must submit a copy of the Social Security statement or a letter from the Social Security Administration indicating that you are not eligible for Medicare based on your work record or the work record of a current, former, or deceased spouse.

### Deferred Enrollment in Medicare Part B

If you are not applying for Medicare because you are still working and have employer group health coverage (your own or your spouse's), you must indicate this on the Certification form and return it to CalPERS. You will remain in a CalPERS Basic health plan until retirement or until you lose your employer group health coverage.

## **Cancellation of CalPERS Health Coverage for Failure to Certify Medicare Status**

CalPERS must receive the completed ***Certification of Medicare Status*** form (PERS08M0021) and supporting documentation by the last day of the month in which you turn 65. For example, if you turn 65 on December 15, 2008, CalPERS must receive the form by December 31, 2008. If the form is not received by the end of your birth month, you will lose your CalPERS health coverage. In this example, your coverage would end on January 1, 2009, the first day of the month after you turn 65. If you lose your CalPERS health coverage, you will be responsible for any health care services incurred.

If your CalPERS Basic health plan coverage is canceled because you did not provide your Medicare status to CalPERS, you can request re-enrollment through an Administrative Review process within 90 days of the date the coverage is canceled.

To request an Administrative Review, write to:

CalPERS  
Office of Employer & Member Health Services  
Medicare Program  
P.O. Box 942714  
Sacramento, CA 94229-2714

You will receive a determination within 60 days informing you if your coverage will be reinstated. If it is not reinstated, you may re-enroll during the annual Open Enrollment period by providing a completed ***Certification of Medicare Status*** form (PERS08M0021) with the required supporting documentation.

## **CalPERS Medicare Health Plan Enrollment Exceptions**

Following are examples of circumstances that may allow you to remain enrolled in a CalPERS Basic plan:

- You and/or your spouse do not qualify for Medicare Part A.
- You or your spouse work past age 65 and have employer group health coverage (your own or your spouse's).
- You qualified for Medicare Parts A and B before January 1, 1998, but you did not enroll in Part B.

### **Reminder:**

#### **Return Your Paperwork**

If you do not return the ***Certification of Medicare Status*** form (PERS08M0021) with the proper documentation prior to the last day of the month you turn 65, your CalPERS health coverage will automatically be canceled the first day of the month after you turn 65.



## CalSTRS Medicare Premium Payment Program

Many California State Teachers' Retirement System (CalSTRS) retirees have health coverage through CalPERS. If this applies to you, then you could be eligible for reduced health care costs under the CalSTRS Medicare Premium Payment Program. To enroll in a CalPERS Medicare health plan, you must first contact CalSTRS to determine your eligibility for the CalSTRS Medicare Premium Payment Program. After you enroll in Medicare, contact CalPERS to change your CalPERS Basic health plan to a CalPERS Medicare health plan. For more details about this program, visit [www.calstrs.com](http://www.calstrs.com), or call (800) 228-5453 or TTY (916) 229-3541.

- You retired from the California State University system and qualified for Medicare Parts A and B before January 1, 2001, but you did not enroll in Part B. (This does not apply to participants in the California State University system's Faculty Early Retirement Program).
- You were eligible for Medicare because of a disability, but the Social Security Administration determines you are no longer disabled.

## Checklist for Enrolling in a CalPERS Medicare Health Plan

- ✓ Apply for Medicare by calling or visiting your local Social Security Administration office or by contacting the SSA at (800) 772-1213 or TTY (800) 325-0778. Be prepared to provide your and/or your spouse's Social Security number.
- ✓ If you qualify for Part A, you must enroll in Part B as soon as you are first eligible.
- ✓ If you are a CalSTRS retiree, you must first contact CalSTRS to determine your eligibility for the CalSTRS Medicare Premium Payment Program.
- ✓ Complete and return the CalPERS **Certification of Medicare Status** form (PERS08M0021) located on page 49 of this guide, along with a copy of your Medicare card.
- ✓ You may select a Medicare health plan that is different from your current Basic health plan. Otherwise, you will be enrolled in your current health plan's Medicare plan.

# CalPERS Medicare Health Plan Choices

Most CalPERS health plans offer Medicare plans. When you become Medicare eligible and certify enrollment in Medicare Parts A and B, CalPERS will enroll you in your current health plan's Medicare plan. At that time, you have the option of changing your health plan by submitting a **Health Benefits Plan Enrollment for Retirees** form (HBD-30). (See page 51.)

Depending on where you live or work, your health plan options may include the following:

## HMO Supplement to Medicare Plans

- Blue Shield Access+
- Blue Shield NetValue
- California Correctional Peace Officers Association (CCPOA) Medical Plan\*

With this type of plan, you must use the plan's contracted providers, except for emergency or out-of-area urgent care services. You pay no additional costs, other than applicable co-payments, when you receive pre-authorized services from the HMO's contracted providers. The providers bill Medicare for each visit or service. The plan reimburses providers for some services not covered by Medicare.

## Combination Enrollments

You or your Medicare-eligible dependent may enroll in a CalPERS Medicare health plan, while non-Medicare eligible dependents remain enrolled in a CalPERS Basic health plan. Your enrollment in a CalPERS Medicare health plan does not affect any family members who are not yet Medicare eligible. They may remain enrolled in a CalPERS Basic health plan.



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\* You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (i.e., CAHP, PORAC, CCPOA).



In an HMO Supplement to Medicare plan, your primary care provider (PCP) will coordinate all your medical care and approve visits to specialists. You will have little or no paperwork to complete. You keep costs low by seeing doctors and specialists who are part of the HMO's network.

You may use your Medicare card to obtain services outside of your HMO network. It's important to remember, however, that when you use non-participating providers, you are responsible for any co-payments or deductibles not covered by Medicare (except for emergency or out-of-area urgent care services).

### **HMO Medicare Managed Care Plan (Medicare Advantage)**

- Kaiser Permanente Senior Advantage

**Note:** *Kaiser Permanente requires binding arbitration.  
See page 42 for more information.*

With an HMO Medicare Managed Care plan (Medicare Advantage), you work closely with your PCP to get the care you need. You pay no additional costs, other than applicable co-payments, when you receive services from the HMO's network of providers. If you go to out-of-network doctors or hospitals, you will have to pay for all services (except for emergency or out-of-area urgent care services). A Medicare Managed Care plan has been approved by the Medicare program and receives a monthly premium directly from Medicare to provide you with your Medicare benefits. You must reside within the Kaiser Permanente Senior Advantage service area to enroll in this plan.

When enrolled in the plan, you must elect to have Kaiser Permanente administer your Medicare benefits by completing the Kaiser Permanente *Senior Advantage Election* form. To obtain this form, call or visit Kaiser Permanente in your region. After you assign your Medicare benefits to Kaiser Permanente, your CalPERS health benefits are coordinated, including payment for authorized services.

## Checklist for enrolling in Kaiser Permanente Senior Advantage through CalPERS

- ✓ Enroll in Medicare Parts A and B.
- ✓ Enroll in the Kaiser Permanente Senior Advantage plan once you receive your Medicare card. You must elect to have Kaiser Permanente administer your Medicare benefits by completing the Kaiser Permanente *Senior Advantage Election* form.
- ✓ Inform CalPERS that you are enrolled in Medicare and in the Kaiser Permanente Senior Advantage plan.

## PPO Supplement to Medicare Plans

- PERS Select
- PERS Choice
- PERSCare
- California Association of Highway Patrolmen (CAHP) Health Plan\*
- Peace Officers Research Association of California (PORAC) Police and Fire Health Plan\*

With these plans, your provider bills Medicare for most services and your health plan pays for some services not covered by Medicare. If your providers participate in Medicare, your health plan will pay most bills for Medicare-approved services. In most cases, your provider, Medicare, and the health plan will coordinate claim payments.

If any of your providers does not accept Medicare payments directly, you will have to pay a larger portion of your health care bills. You can find out if you will have to pay more by asking your

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\* You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (i.e., CAHP, PORAC, CCPOA).

## Senior Advantage Restrictions

The Kaiser Permanente Senior Advantage plan is geographically restricted. If you are a working CalPERS retiree and you enroll in Senior Advantage, you must use only your residential address. You cannot use a Post Office box to enroll.



providers if they accept Medicare direct payment. This means that the provider accepts the Medicare limits on fees for services and will not charge more than those limits. If the provider accepts Medicare rates, you will not be responsible for excess charges. If the provider does not accept Medicare rates, you must pay for any part of the bill that your plan does not cover.

Some providers opt out of Medicare and will ask you to sign a contract stating that the provider has opted out of Medicare and that you agree to pay the charges. Neither Medicare nor CalPERS PPO Supplement to Medicare plans allow any payment for providers who have opted out of Medicare.

If your provider has been excluded from Medicare, that is, no longer receives payment for items or services from Medicare, no payment will be made under your CalPERS PPO Supplement to Medicare plan.

## **EPO Supplement to Medicare Plan**

- Blue Shield EPO

The Blue Shield EPO Supplement to Medicare plan serves only Colusa, Mendocino, and Sierra counties. The plan offers the same covered services as the HMO plan, but members must seek services from Blue Shield's statewide PPO network of preferred providers. Members are not required to select a personal physician. The plan's providers bill Medicare for each visit or service, and the plan reimburses providers for approved services not covered by Medicare.

Just as with an HMO Supplement to Medicare plan, you may use your Medicare card to obtain services outside your EPO plan's network. However, when you use non-contracting providers, you are responsible for co-payments or deductibles not covered by Medicare.



## COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage allows you to continue health coverage for yourself and/or your dependents if you leave your group plan or become ineligible for health benefits. Following are some guidelines regarding COBRA and Medicare:

- If you have Medicare eligibility prior to electing COBRA, you may continue health coverage through COBRA.
- If you become Medicare eligible after you elect COBRA, the health plan can cancel your COBRA enrollment.
- If you are a family member, you may continue your COBRA Basic coverage for whatever time remains on your COBRA eligibility or until you become Medicare eligible.

## Your Health Plan and Medicare Part D

- To continue your CalPERS health coverage, do not enroll in a non-CalPERS Medicare Part D plan.
- If you or your spouse are covered by CalPERS and another health plan that includes Medicare Part D Prescription Drug Plan benefits, such as Tricare, AARP, or MediCal, you must cancel that Medicare Part D coverage in order to enroll in (or continue enrollment in) a CalPERS Medicare health plan.
- The Kaiser Permanente Senior Advantage health plan includes Medicare Part D benefits. Senior Advantage members can only be enrolled in one Medicare health plan that includes Medicare Part D prescription drug coverage. If you are enrolled in Senior Advantage through more than one group, you must choose which group will continue your Senior Advantage coverage.

## Health Plan Choices if You Continue Working After Retirement

If you choose to work following retirement, you have three options:

- If you are covered by your employer group health plan (your own or your spouse's), you may defer enrollment in Medicare. (See page 10 for more information.)
- If you are covered by your employer group health plan (your own or your spouse's), and you choose to enroll in Medicare A and/or B, you must remain enrolled in a CalPERS Basic health plan as long as you work and have health coverage through the employer group health plan. Your employer group health plan will be your primary coverage and your Medicare A and B benefits will be your secondary coverage.
- If you are not enrolled in your employer group health plan, are eligible for Medicare Parts A and B, and want to continue your CalPERS health coverage, you should first enroll in Medicare. You should then enroll in an HMO, PPO, or EPO Supplement to Medicare plan available in your home or work ZIP Code, or enroll in the Kaiser Permanente Senior Advantage plan based on your home address.

To obtain a list of eligible ZIP Codes for the plan you want, contact the health plan, call CalPERS at **888 CalPERS** (or **888-225-7377**), or visit **[www.calpers.ca.gov](http://www.calpers.ca.gov)**.

## Health Plan Choices if You Live Outside of the United States

If you are retired and you permanently move outside of the United States, you may enroll in one of the following PPO Supplement to Medicare plans: PERSCare or PERS Choice. You should be aware that Medicare does not provide coverage for health care services obtained outside of the United States. You may either continue your Medicare enrollment or voluntarily cancel Medicare coverage.

If you continue Medicare enrollment, you may only use Medicare coverage in limited areas and instances as specified by the Social Security Administration. For more information, contact the Social Security Administration at (800) 772-1213 or TTY (800) 325-0778, or visit their Web site at [www.ssa.gov](http://www.ssa.gov).

If you voluntarily cancel your Medicare coverage, you will need to:

- Change your address to your new foreign address.
- Enroll in a CalPERS Basic health plan.
- Re-enroll in Medicare when you permanently return to the United States.

If you return and re-establish your permanent residence in the United States, to restart your CalPERS health coverage you will need to:

- Change your address to your new United States address.
- Re-enroll in Medicare.
- Transfer to a CalPERS Medicare health plan.





## **Medicare or Your Group Health Plan: Who Pays First?**

Medicare has specific rules for the order of responsibility for paying claims for medical expenses when an individual has Medicare coverage and employer group health coverage such as a CalPERS Medicare health plan.

Generally, if you are an active employee who has Medicare and employer group health coverage, the group health plan is the primary payer of benefits before Medicare. When you receive health services, show your employer group health plan identification card first, and your Medicare card second.

If you are retired, Medicare is the primary payer before your employer group health coverage. When you receive health services, show your Medicare card first, then show your employer group health plan identification card.

## Medicare Part B Reimbursements for State Retirees

If you are a State of California retiree and you or your family members are enrolled in a CalPERS Medicare health plan, California law requires CalPERS to reimburse you for a portion of your Medicare Part B premium. The payment may not exceed the difference between the maximum employer contribution and the amount of the premium for the health plan in which you are enrolled, or the Medicare Part B premium – whichever is lower. Our system will automatically determine if you are due a reimbursement – you do not need to submit anything to CalPERS.

**Example:** Mary is enrolled in a CalPERS Medicare health plan and has no dependents. Her State employer contribution is \$450 per month, and her health plan premium is \$300 per month. After her health plan premium is paid, Mary has \$150 remaining under her employer contribution to apply to her Medicare Part B premium ( $\$450 - \$300 = \$150$ ).

CalPERS reimburses the standard Medicare Part B premium of \$96.40 in Mary's retirement warrant. There is a \$53.60 balance under Mary's employer contribution ( $\$150 - \$96.40 = \$53.60$ ).

Because her salary exceeds specific income thresholds, Mary is affected by IRMAA, and has a Medicare Part B premium of \$160 per month. She is eligible to submit a request to CalPERS for additional income-related Medicare Part B premium reimbursement. Although Mary pays an additional \$63.60 for the income-related Medicare premium, CalPERS can only reimburse her the remaining \$53.60 per month that is left under her employer contribution.

**Note:** Under California law, retirees of contracting public agencies are not eligible for reimbursement of the Medicare Part B premium. You may contact your former employer to inquire if this benefit exists.

## Qualifying for Additional Reimbursement

If you are a State of California retiree who is affected by the Income Related Monthly Adjustment Amount (IRMAA), you may qualify for additional Medicare Part B reimbursement. You should mail or fax a copy of the entire Social Security benefits notice to:

CalPERS  
Office of Employer &  
Member Health Services  
Medicare Program  
P.O. Box 942714  
Sacramento, CA  
94229-2714  
Fax (916) 795-1277



# How to Change Your CalPERS Medicare Health Plan

The chart below explains how to make changes to and from various Medicare health plans.

The plan you want to leave:	The plan you want to enroll in:
HMO Medicare Managed Care plan (Medicare Advantage) (e.g., Kaiser Permanente Senior Advantage)	HMO, PPO, or EPO Supplement to Medicare plan (e.g., Blue Shield Access+, PERSCare)
HMO Medicare Managed Care plan (e.g., Kaiser Permanente Senior Advantage)	HMO Medicare Managed Care plan (e.g., Kaiser Permanente Senior Advantage) in a different region or state
HMO, PPO, or EPO Supplement to Medicare plan (e.g., Blue Shield Access+, PERSCare)	HMO Medicare Managed Care plan (Medicare Advantage) (e.g., Kaiser Permanente Senior Advantage)
HMO, PPO, or EPO Supplement to Medicare plan (e.g., Blue Shield Access+, PERSCare)	HMO, PPO, or EPO Supplement to Medicare plan (e.g., Blue Shield NetValue, PERS Choice)

You may request a change in health plans within 60 days of your initial eligibility for Medicare, when you change your residence or move to a new health plan service area, or during any Open Enrollment period.

Open Enrollment is held annually during the fall. If you wish to enroll in a health plan, change health plans, or add/delete eligible dependents during Open Enrollment, you should complete and return the **Health Benefits Plan Enrollment for Retirees** form (HBD-30) on page 51 of this booklet. You may also visit my|CalPERS at <http://my.calpers.ca.gov> to make a change. Any plan changes you make during Open Enrollment become effective the following January 1<sup>st</sup>.

How to make the change:	
Disenroll from the Medicare Managed Care plan (Medicare Advantage), then sign up for your new Medicare plan. Be sure to coordinate the effective date of disenrollment with the effective date of enrollment with your new health plan.	
Complete the Kaiser Permanente <i>Senior Advantage Election</i> form to enroll in Senior Advantage in your new region or state.	
Complete the new health plan's Medicare enrollment form to assign your Medicare benefits to your new plan.	
If you are retired, contact CalPERS to change plans. If you are an active employee, you must contact your employer.	

### Senior Advantage Regional Guidelines

The Kaiser Permanente Senior Advantage plan is geographically restricted – you must live in an approved Kaiser Senior Advantage service area or region to enroll.

If you are in a Kaiser Permanente Senior Advantage plan and you move to another Kaiser Permanente Senior Advantage region or state, you will need to enroll in Senior Advantage in the new region. You must make this change immediately by completing the Kaiser Permanente *Senior Advantage Election* form for your new Senior Advantage region.

If you cannot enroll in Senior Advantage because you do not reside within an approved Kaiser Senior Advantage region, you must select another Medicare plan available in your service area.

# Frequently Asked Questions About Medicare and the CalPERS Health Program

## Important Reminder

If you or your family members are in a CalPERS Medicare health plan, you may not change back to a CalPERS Basic plan. This rule does not apply if SSA cancels your Medicare benefits, you permanently move outside the United States, or you return to work and are eligible for employer group health plan coverage.

**I have decided I do not want Part B benefits. How will this affect my CalPERS Medicare plan?**

You must have Medicare Part B to continue your enrollment in a CalPERS Medicare health plan. If you cancel your Part B coverage, then you will lose your CalPERS health coverage. If the Social Security Administration cancels your Part B benefits for any reason, please inform CalPERS immediately.

If you do not sign up for Medicare Part B when you turn 65 and you decide to sign up for it later, you will be assessed a premium surcharge and your Medicare Part B monthly premium will increase 10 percent for each 12-month period you were eligible for, but did not enroll in, Medicare Part B.

**Since I must have Medicare Part B in order to keep my CalPERS health coverage, how does it help me to have Medicare Part B and be enrolled in a CalPERS Medicare health plan?**

CalPERS Medicare health plans may pay for some of the costs and services not covered by Medicare Part B.

**I am retired from the State of California and the monthly State contribution is more than the health plan's monthly premium. Can I get money back when I enroll in a CalPERS Medicare health plan?**

As a State retiree, if you (or a family member) are enrolled in a CalPERS Medicare health plan and the monthly State contribution is more than the health plan's monthly premium, CalPERS will credit you the difference (excluding penalties) between the two amounts up to the amount of the Part B premium. This credit will show on your monthly retirement check under the "Special Payments" section as a "Medicare Reimbursement." (See page 21 for an example of a Part B reimbursement.)

**Note:** *If you are a public agency retiree, you will not receive a credit if your employer's monthly contribution to your premium exceeds the health plan's monthly premium.*

**I lost my CalPERS health benefits because I stopped my Medicare Part B. How can I get my CalPERS benefits back?**

Contact the Social Security Administration regarding reinstating your Medicare Part B benefits as soon as possible. You may have to pay a federal premium surcharge. You may request re-enrollment in a CalPERS Medicare plan after your Medicare Part B benefits are reinstated.

**I have my health insurance through my spouse (who is 65 and not retired). When should I enroll in Part B?**

If you are age 65 or older, you must enroll in Medicare Part B as soon as your spouse retires.

**Before I retired, I was enrolled in Kaiser Permanente. What do I need to do to change to an HMO Medicare Managed Care plan?**

If you are a Kaiser Permanente Basic member and want to change to Kaiser Permanente's Senior Advantage Medicare plan, contact Kaiser Permanente. For more information about this plan, see page 14.

**I am Medicare eligible, retired from CalPERS, and returning to work. Can I continue my CalPERS Basic health plan coverage?**

You may continue your enrollment in a CalPERS Basic health plan if you receive your health coverage through employment status and not as a retiree through retirement status. You may also remain enrolled in a CalPERS Basic health plan if you are eligible to defer your Medicare enrollment.

You may be able to defer Medicare enrollment if you are Medicare eligible and you are covered by an employer group health plan (your own or your spouse's). If you defer enrollment, you will be able to enroll during a special enrollment period after either your employment or your employer group health coverage ends. See page 6 of this booklet under the section titled "Special Enrollment Period" for details. For additional information, contact the Social Security Administration.



**Important Reminder about Medicare Part B**

If you want to continue your CalPERS health coverage, do not cancel, withdraw, or choose not to enroll in Part B.

## Resource Information

### Getting Assistance with Your CalPERS Health Benefits

If you have questions about your CalPERS health benefits and are an **active** member, you should contact your employer's Health Benefits Officer. If you are a **retiree**, you should contact CalPERS.

#### Online

Visit CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov) for more information on benefits and programs and to obtain many of the forms mentioned in this booklet. To view all of your current health plan information, go to <http://my.calpers.ca.gov>.

#### By Phone

Call us toll-free at **888 CalPERS**  
(or **888-225-7377**).  
Monday through Friday,  
8:00 a.m. to 5:00 p.m.  
TTY (916) 795-3240  
(for speech and hearing impaired)

#### By Mail

**CalPERS**  
**Office of Employer & Member Health Services**  
P.O. Box 942714  
Sacramento, CA 94229-2714  
FAX: (916) 795-3198

#### In Person

You can visit a Regional Office at the following locations:

##### Fresno Regional Office

10 River Park Place East, Suite 230  
Fresno, CA 93720  
Fax (559) 440-4901





**Glendale Regional Office**

655 North Central Avenue, Suite 1400  
Glendale, CA 91203  
Fax (818) 662-4304

**Orange Regional Office**

500 North State College Boulevard, Suite 750  
Orange, CA 92868  
Fax (714) 939-4701

**Sacramento Regional Office**

400 Q Street, Room 1820  
Sacramento, CA 95811  
Fax (916) 795-7917

**San Bernardino Regional Office**

650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408  
Fax (909) 806-4820

**San Diego Regional Office**

7676 Hazard Center Drive, Suite 350  
San Diego, CA 92108  
Fax (619) 220-7201

**San Jose Regional Office**

181 Metro Drive, Suite 520  
San Jose, CA 95110  
Fax (408) 451-8001

**Walnut Creek Regional Office**

1340 Treat Boulevard, Suite 200  
Walnut Creek, CA 94597  
Fax (925) 746-8501

## Health Plan Directory

### **Blue Shield of California**

P.O. Box 272520

Chico, CA 95927-2520

Member Services: (800) 334-5847

[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

### **California Association of Highway Patrolmen (CAHP)**

#### **Health Benefits Trust (Administered by Anthem Blue Cross)**

2030 V Street

Sacramento, CA 95818-1730

For eligibility issues contact:

(800) 734-2247 (CAHP)

(916) 452-6751 (CAHP)

[www.thecahp.org](http://www.thecahp.org)

For benefits or claim information, contact:

Anthem Blue Cross

Attn: CAHP Unit

P.O. Box 60007

Los Angeles, CA 90060-0007

(800) 759-5758 (Anthem Blue Cross)

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### **California Correctional Peace Officers Association (CCPOA)**

#### **Benefit Trust (Administered by Blue Shield of California)**

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

CCPOA Benefit Trust: (800) 468-6486

(800) 257-6213 (COBRA)

[www.ccpoabtbf.org](http://www.ccpoabtbf.org)

Blue Shield – CCPOA Member

Services Unit: (800) 257-6213

**Kaiser Permanente**

*Northern California Region\**

1950 Franklin Street

Oakland, CA 94612

Member Services Call Center: (800) 464-4000

*Southern California Region\**

393 E. Walnut Street

Pasadena, CA 91188

Member Services Call Center: (800) 464-4000

[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

*\* Contact Kaiser Permanente's Member Services Call Center to confirm your region.*

**PERS Select, PERS Choice, & PERSCare**

**Administered by Anthem Blue Cross**

**(formerly Blue Cross of California)**

P.O. Box 60007

Los Angeles, CA 90060-0007

(877) PERS PPO or (877) 737-7776

(818) 234-5141 (outside of the continental U.S.)

TDD (818) 234-3547 (for direct premium payments)

P.O. Box 629, Woodland Hills, CA 91365-0629

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

**Peace Officers Research Association of California (PORAC)**

**Police & Fire Health Plan (Administered by Anthem Blue Cross)**

For eligibility issues, contact:

4010 Truxel Road

Sacramento, CA 95834

(800) 937-6722 (PORAC)

[www.porac.org](http://www.porac.org)

For benefits or claim information, contact:

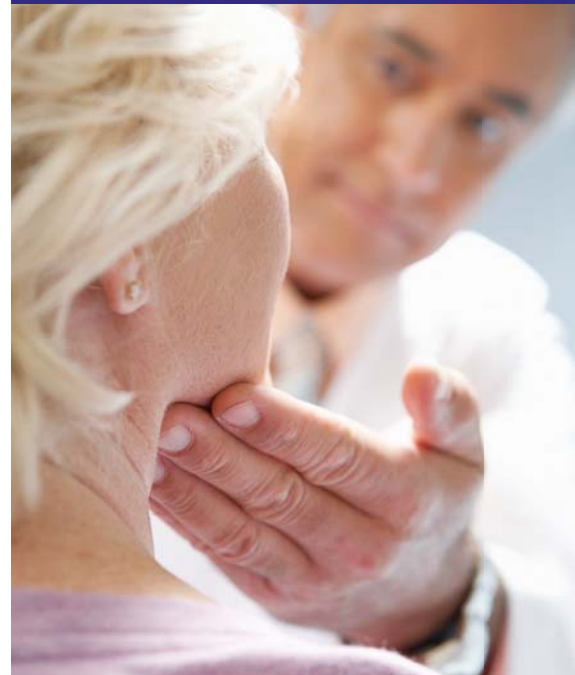
Anthem Blue Cross, Attn: PORAC Unit

P.O. Box 60007

Los Angeles, CA 90060-0007

(800) 288-6928 (Anthem Blue Cross)

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)





## **Resolving Problems with Your Health Plan**

Your health plan and CalPERS work together to ensure timely delivery of services for you and your family, however, disagreements may occur. You should contact your health plan first and then CalPERS to assist you in resolving any issues. Review the information below to see how your health plan and CalPERS are here to help.

### **Cancellation of Your Coverage and CalPERS Administrative Review Process**

If CalPERS cancels your CalPERS health coverage, you can request an Administrative Review. The Administrative Review process helps us decide if your coverage should be reinstated. You must ask for an Administrative Review within 90 days of losing coverage. To ask for an Administrative Review, write to:

CalPERS

Office of Employer & Member Health Services

P.O. Box 942714

Sacramento, CA 94229-2714

Once we have all of your information, we will review your request. We will tell you within 60 days if your coverage will be reinstated. If your coverage is not reinstated, we will tell you why.

### **Filing a Grievance**

If you feel your health plan has not helped you appropriately, you have a legal right to file a written grievance with them to resolve an issue, complaint, or disagreement. Refer to your health plan's *Evidence of Coverage* booklet for more information about your plan's grievance process. Contact your health plan for a copy of your plan's *Evidence of Coverage* booklet.

## Appealing a Decision

Once you receive a written response about a grievance you have filed, if you are not satisfied with the decision, you may also appeal your plan's decision to the health plan.

### Members in a Health Maintenance Organization (HMO) and Exclusive Provider Organization (EPO) Plan

The California Department of Managed Health Care (DMHC) regulates all HMOs in California. If you are an HMO or EPO health plan enrollee, and you have filed a grievance and are dissatisfied with your HMO or EPO's final decision, you should contact the DMHC HMO Customer Help Center at (888) 466-2219 or TDD (877) 688-9891 to register your complaint. You also should request assistance through DMHC's Web site at [www.dmhc.ca.gov](http://www.dmhc.ca.gov). You may contact DMHC if the matter is not resolved within 30 days from the time your grievance was received by your health plan. Contact them immediately if the matter is urgent.

If you have filed a grievance and are dissatisfied with your HMO or EPO's final decision regarding your eligibility for health benefits or limits of coverage under the plan, you may contact CalPERS for assistance.

### Members in a Preferred Provider Organization (PPO) Plan

Neither DMHC nor the Department of Insurance will regulate PPO health plans. If you are a PPO health plan enrollee, and you have filed a grievance and are dissatisfied with your PPO's final decision, you may contact CalPERS at **888 CalPERS** (or **888-225-7377**) for assistance.

### Binding Arbitration

Binding arbitration is a method used by some health plans to resolve conflicts. It requires you to agree in advance that any claims or disagreements will be settled through a neutral, legally binding resolution, replacing court or jury trials. In some instances, you can choose to appeal to CalPERS rather than go through binding arbitration. If your plan requires binding arbitration, the process will be described in your plan's *Evidence of Coverage* booklet. Currently, only Kaiser Permanente requires binding arbitration (see page 42).

## **The California Patient's Guide**

*The California Patient's Guide: Your Health Care Rights and Remedies* informs you of your rights to receive quality health care and what steps you can take if you encounter problems. The full text of the guide is available at [www.calpatientguide.org](http://www.calpatientguide.org), or you can request a copy by calling the DMHC HMO Consumer Help Center at (888) HMO-2219.

## **Patient Bill of Rights**

As a member of the CalPERS Health Program, you have important rights. These rights protect your privacy, your access to quality health care, and your right to participate fully in medical decisions affecting you and your family.

## **How and Where to Get Help**

If you have a concern about your rights and health care services, we urge you to first discuss it with your physician, hospital, or other provider, as appropriate. Many complaints can be resolved at this level because your health plan wants satisfied customers. If you still have concerns, you may have the right to appeal the health plan's decision directly to CalPERS or, in many health plans, through the grievance procedure. Consult your *Evidence of Coverage* booklet for information on the benefits covered or your appeal rights. You can contact CalPERS at **888 CalPERS** (or **888-225-7377**) for further information.

## **As a patient and a CalPERS member, you have the right to:**

- Be treated with courtesy and respect
- Receive health care without discrimination
- Have confidential communication about your health
- Have your medical record or information about your health disclosed only with your written permission
- Access and copy your medical record
- Have no restrictions placed on your doctor's ability to inform you about your health status and all treatment options
- Be given sufficient information to make an informed decision about any medical treatment or procedure, including its risks and benefits



- Refuse any treatment
- Designate a surrogate to make your health care decisions if you are incapacitated
- Access quality medical care, including specialist and urgent care services, when medically necessary and covered by your health plan
- Access emergency services when you, as a “prudent layperson,” could expect the absence of immediate medical attention would result in serious jeopardy to you
- Participate in an independent, external medical review when covered health care services are denied, delayed, or limited on the basis that the service was not medically necessary or appropriate, after the health plan’s internal grievance process has been exhausted
- Discuss the costs of your care in advance with your provider
- Get a detailed, written explanation if payment or services are denied or reduced
- Have your complaints resolved in a fair and timely manner and have them expedited when a medical condition requires treatment

**You can help protect your rights by doing the following:**

- Express your health care needs clearly
- Build mutual trust and cooperation with your providers
- Give relevant information to your health care provider about your health history, condition, and all medications you use
- Contact your providers promptly when health problems occur
- Ask questions if you don’t understand a medical condition or treatment
- Be on time for appointments
- Notify providers in advance if you can’t keep your health care appointment
- Adopt a healthy lifestyle and use preventive medicine, including appropriate screenings and immunizations
- Familiarize yourself with your health benefits and any exclusions, deductibles, co-payments, and treatment costs
- Understand that cost controls, when reasonable, help keep good health care affordable





## CalPERS Notice of Privacy Practices

Effective Date: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Why We Ask for Information About You

The Information Practices Act of 1977 and the Federal Privacy Act require CalPERS to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Section 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians, and insurance carriers but only in strict accordance with current statutes regarding confidentiality. You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **888 CalPERS** (or **888-225-7377**).

### How We Use Your Social Security Number

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency which requests an individual to disclose a Social Security number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The CalPERS Office of Employer & Member Health Services requests Social Security numbers on a voluntary basis. However, it should be noted that due to the use of Social Security numbers by other agencies for identification purposes, CalPERS may be unable to verify eligibility for benefits without the Social Security number.

The CalPERS Office of Employer & Member Health Services uses Social Security numbers for the following purposes only:

- Enrollee identification for eligibility processing and verification
- Payroll deduction and State contribution for State employees
- Billing of public agencies for employee and employer contributions
- Reports to CalPERS and other State agencies
- Coordination of benefits among health plans
- Resolution of member appeals/complaints/grievances with health plans

## **How We Use and Protect Medical Information About You**

We understand that medical information about you and your health is personal and CalPERS is committed to protecting medical information about you which is in our possession. This notice applies to all of the records of your health plan participation generated by CalPERS. The participating health plan in which you are enrolled may have different policies or notices regarding its use and disclosure of your medical information.

If you have any questions about this notice, please contact the Health Insurance Portability and Accountability Act (HIPAA) Administrator at **888 CalPERS** (or **888-225-7377**).

The remainder of this notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The Federal Health Insurance Portability and Accountability Act Privacy Regulations (Title 45, Code of Federal Regulations, Sections 164.500, et seq.) require us to:

- Keep your medical information private
- Provide this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice currently in effect

## How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. We do not list every use or disclosure in a category here. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Health Care Operations.** We may use and disclose medical information about you for CalPERS health benefits operations. These uses and disclosures are necessary to run the CalPERS Health Program and make sure that all of our enrollees receive quality care. For example, we may use and disclose medical information about you to evaluate the performance of the health plan in which you are enrolled, for coordination of benefits among health plans or to resolve an appeal, complaint, or grievance with the health plan. We may also combine medical information about many CalPERS health benefits enrollees to evaluate health plan performance, to assist in rate setting, to measure quality of care, or for other health care operations. In some cases, we may obtain medical information about you from a participating health plan, provider, or third-party administrator for certain of our health care operations. If the medical information we receive from others is part of our health care operations, the uses and disclosures would be in accordance with this guideline.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services, such as treatment alternatives, disease management, or wellness programs that may be of interest to you.
- **Named Insured.** “Named Insured” refers to the person’s name under whom you are insured, also known as the subscriber. If you are enrolled in the CalPERS Health Program as a dependent, we may release enrollment information about you only to the named insured. However, protected health information can only be released to the individual to whom

the health information pertains, or to the named insured in the case of a minor dependent, or to the custodian of an individual who is unable to represent themselves.

- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state, or local law or regulation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### Special Situations

- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if you have been given proper notice and an opportunity to object.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process.







- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal or state officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy protected medical information about you that is maintained by the CalPERS Office of Employer & Member Health Services. In most cases, this consists solely of information concerning your health plan enrollment. In some cases, it may also include information that you have provided to CalPERS to assist with coordination of benefits among health plans or to resolve an appeal, complaint, or grievance against the health plan in which you are enrolled.

To inspect and copy protected medical information about you, you must submit your request in writing to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing, or other supplies associated with your request.



- We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by CalPERS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that protected medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the CalPERS Office of Employer & Member Health Services.

To request an amendment, your request and any supporting information must be made in writing and submitted to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the medical information kept by or for CalPERS
  - Is not part of the information which you would be permitted to inspect and copy
  - Is accurate and complete
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.
  - To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. Your request

must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail at a specific address.

To request confidential communications, you must make your request in writing to the HIPAA Administrator at P.O. Box 942714, Sacramento, CA 94229-2714. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** If you have accessed this notice via the Internet, you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the HIPAA Administrator at **888 CalPERS** (or **888-225-7377**).

### Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the CalPERS Web site at [www.calpers.ca.gov](http://www.calpers.ca.gov). The notice will contain the effective date on the first page in the top left corner.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with CalPERS or with the Secretary of the Department of Health & Human Services. To file a complaint with CalPERS, contact the HIPAA Administrator at **888 CalPERS** (or **888-225-7377**). All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

### Other Uses of Medical Information

CalPERS will make other uses and disclosures of medical information not covered by this notice or the laws that apply only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose your medical information about you for the reasons covered by your written authorization. CalPERS is unable to take back any disclosures we have already made with your permission, and that the law requires retaining our records of your participation in the CalPERS Health Program.



## **CalPERS Notice of Agreement for Arbitration**

Enrolling in the Kaiser Permanente health benefits plan constitutes your agreement that any dispute(s) you have with the plan including medical malpractice, that is, whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, as well as any dispute(s) relating to the delivery of service under the plan will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. By enrolling in one of these plans, you are giving up your constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

# Definition of Terms

## **Annuitant**

A retiree, beneficiary, or survivor of the retiree or beneficiary receiving a warrant from CalPERS.

## **CalPERS Basic Health Plan**

A Basic plan provides health benefits coverage to members who are under age 65 or who are over age 65 and still working. Members who are 65 years of age or older and not eligible for Medicare Part A may also be eligible to enroll in a Basic plan.

## **CalPERS Medicare Health Plan**

A CalPERS Medicare health plan requires Medicare to assume the role as primary payer for health care costs. This coordination of benefits between Medicare and your CalPERS Medicare plan lowers the costs of your health premiums and provides some coverage beyond Medicare.

## **Co-payment**

The amount you pay for a doctor visit or for receiving a covered service or prescription.

## **Deductible**

The amount you must pay for health care before the plan starts to pay.

## **Dependent**

A family member who meets the specific eligibility criteria for coverage in the CalPERS Health Program.

## **Disenrolling**

The steps you follow to end coverage with your current HMO Medicare Managed Care health plan so that you may join a new health plan.

## **Employer Contribution**

The amount your current or former employer contributes towards the cost of your health premium.





### **Employer Group Health Plan (EGHP)**

Health coverage you receive through either your or your spouse's place of employment. Generally, EGHP coverage is your primary coverage.

### **Emergency Services**

Medical services to treat an injury or illness that could result in serious harm if you don't get care right away.

### **EPO Supplement to Medicare Plan**

This plan provides the same coverage as an HMO Supplement to Medicare plan (see page 13), but you do not have to choose a Primary Care Provider and may access services from the plan's Preferred Provider network rather than only from the HMO network. Medicare is the primary payer, and the plan covers costs and services that are not covered by Medicare but provided through your CalPERS coverage. This plan is only available to CalPERS members in certain California counties.

### **Faculty Early Retirement Program**

A program for California State University (CSU) retirees who continue to work for CSU after retirement.

### **General Enrollment Period (GEP)**

The time when you can sign up for a Medicare plan or change your Medicare plan. Medicare's General Enrollment Period runs from January 1 to March 31 each year. Visit the Medicare Web site at [www.medicare.gov](http://www.medicare.gov) for more information.

### **Health Insurance Portability & Accountability Act (HIPAA)**

This federal law protects health insurance coverage for workers and their families when they change or lose their jobs. It also includes provisions for national standards to protect the privacy of personal health information.



## **HMO Medicare Managed Care (Medicare Advantage) Plan**

This plan contracts directly with Medicare to provide Medicare coverage. You “assign” your Medicare benefits to the plan, and the plan is the primary payer. As with the HMO Supplement to Medicare Plan, this plan covers some costs and services that are not covered by Medicare but are provided through your CalPERS coverage. You must access services only from the HMO’s provider network (except emergency and urgent care), and all your care is coordinated by your Primary Care Provider. You pay no deductible, and your only costs are co-payments for some services.

## **HMO Supplement to Medicare Plan**

This plan supplements Medicare coverage provided through Part A (hospital) and Part B (outpatient). You must access services only from providers in the HMO network (except emergency and urgent care), and all your care is coordinated by your Primary Care Provider. You pay no deductible, and your only costs are co-payments for some services. Medicare is the primary payer, and the plan covers some costs and services that are not covered by Medicare but are provided through your CalPERS coverage.

## **Initial Enrollment Period (IEP)**

The IEP is the first chance you have to enroll in Medicare Part B. The IEP starts three months before the month you turn 65, continues through your birth month, and runs for three months after your birth month for a total of seven months.

## **Medicare Assignment**

A process which requires you to complete a form assigning your Medicare benefits to your HMO Medicare Managed Care plan (Medicare Advantage). Your Medicare assignment ensures proper coordination of Medicare and CalPERS health plan benefits, including coordination of payment. Medicare assignment is required for enrolling in the Medicare Advantage Plan. As of the date of this publication, CalPERS has only one HMO Medicare Advantage plan – Kaiser Permanente’s Senior Advantage plan.



### **Non-Preferred Provider**

This is a provider who does not contract with your health plan. Usually, you will pay more to visit a non-preferred provider.

### **Out-of-Pocket Costs**

Generally refers to the actual costs individuals pay to receive health care. These costs are the total of the premium (minus any employer contribution) plus any additional costs such as co-payments and deductibles.

### **Open Enrollment Period**

A period of time, as determined by the CalPERS Board of Administration, when you can enroll in or change health plans or add eligible family members who are not currently enrolled in the CalPERS Health Program.

### **Preferred Provider**

A doctor who contracts with your health plan and agrees to charge certain rates for care. Usually, you will pay less when you see a preferred provider.

### **Premium**

The amount charged by a health plan to provide health benefits coverage. Employee costs for premiums may be reduced by employer contributions.

### **Primary Care Provider (PCP)**

The doctor who works with you and other doctors to provide, prescribe, approve, and coordinate all your medical care and treatment. (Blue Shield uses the term “Personal Physician.”)

### **Service Area**

The geographic area in which your health plan provides coverage. You must live or work in the plan’s service area to enroll in and remain enrolled in a plan. For some plans, the Medicare service area may not be identical to the Basic service area.

### **Specialist**

A doctor who has special training in a specific kind of medical care, for example, cardiology (heart), neurology (brain), or oncology (cancer).

### **Urgently Needed Services**

A non-emergency situation when you need to see a doctor, but are away from your health plan's service area. See your health plan's *Evidence of Coverage* booklet for more details.

## Forms

On the following pages, you will find two forms: the ***Certification of Medicare Status*** (PERS08M0021) and the ***Health Benefits Plan Enrollment for Retirees*** (HBD-30). Here is a brief overview on how to use each of these forms.

Form Name	Form Number	How to Use the Form
Certification of Medicare Status	PERS08M0021	<ul style="list-style-type: none"><li>• To tell us that you are enrolled in Medicare Parts A and B<ul style="list-style-type: none"><li>- You will also need to attach a copy of your Medicare card.</li></ul></li><li>• To tell us that you do not qualify for premium-free Medicare Part A<ul style="list-style-type: none"><li>- You will also need to include documentation of your Medicare ineligibility from the Social Security Administration.</li></ul></li><li>• To tell us that you are not applying for Medicare at this time because you or your spouse are still working and are covered by an employer group health plan<ul style="list-style-type: none"><li>- You will also need to include proof of enrollment in the employer group health plan.</li></ul></li></ul>
Health Benefits Plan Enrollment for Retirees	HBD-30	<ul style="list-style-type: none"><li>• To change your health plan</li><li>• To enroll in a health plan</li><li>• To add an eligible dependent to your plan</li></ul>



# Certification Of Medicare Status

Please complete **Section 1**, and either **Section 2, 3 or 4**. Sign and date the form and return it to CalPERS at address listed below.

## Section 1: Please enter the member's/Dependent's name and Social Security Number

<b>CalPERS Retiree Name:</b>	<b>CalPERS Retiree Social Security Number:</b> _____ - _____ - _____
<b>Member/Dependent Age 65 or older:</b>	<b>Member/Dependent Social Security Number:</b> _____ - _____ - _____

## Section 2: For Member/Dependent Enrolled in Medicare Parts A and B

☐ I am enrolled in Medicare Part A and Medicare Part B. This is the information reflected on my red, white, and blue Medicare card or Notice of Entitlement from Social Security Administration:

Name of Medicare Beneficiary _____
Medicare Claim Number _____ - _____ - _____ - _____
HOSPITAL (PART A) effective date _____ - _____ - _____
MEDICAL (PART B) effective date _____ - _____ - _____

## Section 3: For Member/Dependent claiming Medicare Ineligibility

☐ I am not eligible for premium-free Medicare Part A (in my own right or through a spouse). I have verified this with the Social Security Administration and have attached documentation of this fact. (Check both boxes that apply to you.)

<input type="checkbox"/> I did not work for any Social Security covered employment.
<input type="checkbox"/> I worked for Social Security covered employment, but have less than 40 quarters.
<input type="checkbox"/> I do not have a spouse (current, former, or deceased) that qualifies me for Medicare Part A.

## Section 4: For Member/Dependent who works and has Employer Group Health Plan Coverage

☐ I have deferred Medicare Part B enrollment due to working beyond age 65 and have coverage in my/my spouse's Employer's Group Health Plan and have attached documentation of this fact.

1. Name of your current employer _____
2. Name of your Group Health Plan provided by your employer _____

Under penalty of perjury, I certify that the above information is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Daytime telephone number

Office of Employer & Member Health Services  
P.O. Box 942174  
Sacramento, CA 94229-2714  
(888) CalPERS 225-7377



# Health Benefits Plan Enrollment for Retirees

888 CalPERS (or 888-225-7377) • TTY for speech and hearing impaired: (916) 795-3240 • Fax (916) 795-1277

For Retirees only. (Active employees — contact your Personnel Office).

To save time, complete this form before you request changes over the phone.

## Section 1

Check the type of change  
you are making.

### Type of Change

- ☐ Change My Health Plan  
☐ Enroll in a Health Plan (Complete all sections.)  
☐ Add Eligible Dependents to My Health Plan

(Complete Retiree Information, Dependent Information, and Retiree Signature.)

During Open Enrollment, you can make health plan changes by calling 888 CalPERS (or 888-225-7377), by faxing this form to us at (916) 795-1277, or by visiting myCalPERS at <http://my.calpers.ca.gov>.

## Section 2

Be sure to include the  
name of the agency from  
which you retired.

If you are enrolled in  
Medicare, please  
send a copy of your  
Medicare card.

### Retiree Information

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender	Daytime Phone	Evening Phone
Address		County (residence)	
City		State	ZIP
Retirement Date (mm/dd/yyyy)		Name of Former Employer	

## Section 3

Before requesting  
a plan change, verify that  
the doctor you want is  
contracted with the health  
plan and is accepting new  
patients. If not, you will  
need to find another doctor  
who contracts with the  
new plan.

### Health Plan

Name of New Health Plan	Name of Doctor/Medical Group (include ID#s, if known)
-------------------------	---

## Section 4

All dependents currently  
enrolled on your health  
plan will remain on  
your plan.

List only the dependents  
you are adding. If you have  
more than 3 dependents,  
please include on a  
separate page.

### Dependent Information

Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group
Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group
Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group



Put your name and  
Social Security number  
at the top of every page.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Social Security Number

## Section 5

### Retiree Signature

Please be sure to sign  
this form.

By signing this form, I elect to change to the plan indicated above and/or add eligible family members. I also certify that the health information listed above is true and complete and authorize deductions, if applicable, to be made from my retirement allowance to cover my share of the health plan premium.

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date

## Section 6

### Additional Information

You can submit your health  
plan changes by mail,  
by phone, or by fax.

After making changes to  
your health plan, be sure  
to examine your retirement  
check to verify that the  
proper deduction was  
made. If the deduction is  
incorrect, call CalPERS to  
report the discrepancy.

#### ***Health Benefits Plan Enrollment for Retirees***

Use this form to enroll in a health plan, change your plan, or add an eligible dependent(s) to your plan. All changes are subject to verification of eligibility. You are eligible to enroll in a CalPERS health plan if you meet all of the following requirements:

- Are eligible for enrollment on the date of separation
- Retired within 120 days from the day you separated from your job
- Are receiving a retirement check

Contact CalPERS with any eligibility questions.

#### **Notes**

- Any health plan changes made during Open Enrollment become effective the following January 1.
- You can use this form to make changes to your health plan outside of Open Enrollment due to a qualifying life event, such as adding a new spouse, registered domestic partner, or economically dependent child.
  - Adding a spouse requires a copy of your marriage license.
  - Adding a registered domestic partner requires a copy of the approved *Declaration of Domestic Partnership*.
  - Adding an economically dependent child requires an ***Affidavit of Eligibility*** form (HBD-35).
- Be sure to report changes to CalPERS in a timely manner to avoid retroactive reimbursement liability.
- If you are enrolled in a Medicare Managed Care plan (Medicare Advantage) and are switching to a Supplement to Medicare plan, you must contact your current health plan or the nearest Social Security Administration office to disenroll your Medicare benefits from your current Medicare Managed Care plan. If you do not disenroll, Medicare will not pay for services you receive under your new health plan.
- If any one of your dependents is enrolled in Medicare, please send a copy of the Medicare card.

Mail to:

Office of Employer & Member Health Services • P.O. Box 942714, Sacramento, CA 94229-2714



**CalPERS Health Benefits Program**

P.O. Box 942714

Sacramento, CA 94229-2714

**888 CalPERS** (or **888-225-7377**)

[www.calpers.ca.gov](http://www.calpers.ca.gov)

HBD-65

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